

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19057  
State File No. 2  
Registrar's No. 1100

FILED MAY 20 1944  
Registration District No. 217

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME A nna Corson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Edward Corson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 5 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 5 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chandlerville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Dave Blair  
13. Birthplace Belfast Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Davis  
15. Birthplace Chandlerville, Illinois  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Eula McCreery  
(b) Address 329 S. Maple, Webster Groves,  
17. (a) Removal (b) Date thereof 5 15 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mason City, Ill.  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) MAY 16 1944 (b) E. G. McCreery, M.D.  
(City, town, or county) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Mason  
(c) City or town Mason City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 219 N. Main St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1944 hour 9:00 minute P. M.  
21. I hereby certify that I attended the deceased from March 10  
1944 19 \_\_\_\_\_ to May 12 19 44  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 18 Mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Metastasis in Chest and  
(Include pregnancy within 3 months of death)

Major findings: Head  
Of operations Carcinoma of  
uterus  
Of autopsy none done 4/8/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Joseph McCreery (M. D. or other) M.D.  
Address 2240 Brentwood Bl. Date signed 5/15/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert Getzlage*

Licensed Embalmer No.....

*2971*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**